

BIENNIAL REGISTRATION/RENEWAL APPLICATION

State of Delaware



DELAWARE HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH
OFFICE OF CONTROLLED SUBSTANCES
417 FEDERAL STREET • DOVER, DELAWARE 19901
(302) 744-4547

STATE OF DELAWARE UNIFORM CONTROLLED SUBSTANCES ACT
ACT 16 • 47 SECTION 4732

PLEASE TYPE OR PRINT

CSA Number For State Use Only		RENEWAL DATE	AMOUNT RECEIVED	CHECK NUMBER	DATE RECEIVED
SECTION A: TO BE COMPLETED BY ALL APPLICANTS					
1. APPLICANT'S NAME AND LOCATION OF PLACE OF BUSINESS OR PROFESSIONAL PRACTICE TO BE REGISTERED (DO NOT USE P.O. BOX)			2. NAME AND ADDRESS OF APPLICANT (RESIDENCE)		
3. (a) D.O.B.		(b) WORK PHONE:		(c) HOME PHONE:	
4. REGISTRATION REQUESTED AS:	1-11 <input type="checkbox"/> PRESCRIBER OR DISPENSER (\$40.00)	13 <input type="checkbox"/> DISTRIBUTOR (\$100.00)	15 <input type="checkbox"/> LABORATORY (\$40.00)	16 <input type="checkbox"/> OTHER (\$40.00) SPECIFY _____	
		12 <input type="checkbox"/> MANUFACTURER (\$100.00)	14 <input type="checkbox"/> RESEARCHER (\$40.00)		
MAKE CHECKS PAYABLE TO "STATE OF DELAWARE"					
5. REGISTRATION REQUESTED IN FOLLOWING SCHEDULE(S)	SCHEDULE(S) <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V				
NOTE: PRESCRIBERS AND DISPENSERS LISTED IN SECTION "B" BELOW MUST COMPLETE ALL SECTIONS EXCEPT "D". RESEARCHERS, MANUFACTURERS, DISTRIBUTORS, AND LABORATORIES MUST COMPLETE ALL SECTIONS EXCEPT "B".					
SECTION B: PRESCRIBERS AND DISPENSERS					
PRESCRIBERS AND DISPENSERS (CHECK CATEGORY)					

- | | | |
|-------------------------------------|--|---|
| 1. <input type="checkbox"/> M.D. | 4. <input type="checkbox"/> VETERINARIAN | 7. <input type="checkbox"/> HOSPITAL |
| 2. <input type="checkbox"/> D.O. | 5. <input type="checkbox"/> PODIATRIST | 8. <input type="checkbox"/> CLINIC |
| 3. <input type="checkbox"/> DENTIST | 6. <input type="checkbox"/> PHARMACY – Resident | 9. <input type="checkbox"/> EXEMPT OFFICIAL (NO FEE) (ALSO CK CATEGORY 1-9) |
| | <input type="checkbox"/> PHARMACY – Non-resident | |

SS # _____ FEDERAL DEA NUMBER: _____ DE PRACTICE BOARD NUMBER _____

SECTION C:

- | | | |
|--|--|--|
| 1. <input type="checkbox"/> YES <input type="checkbox"/> NO | HAS THE APPLICANT BEEN CONVICTED OF A FELONY OR MISDEMEANOR UNDER STATE OR FEDERAL LAW RELATING TO THE MANUFACTURE, DISTRIBUTION, OR DISPENSING OF CONTROLLED SUBSTANCES? | IF THE ANSWER TO QUESTIONS ONE AND/OR TWO IS AFFIRMATIVE, PLEASE ATTACH A LETTER SETTING FORTH THE CIRCUMSTANCES OF SUCH ACTION. |
| 2. <input type="checkbox"/> YES <input type="checkbox"/> NO | HAS ANY PREVIOUS REGISTRATION HELD BY THE APPLICANT, CORPORATION, FIRM, PARTNER, OR OFFICER OF THE APPLICANT UNDER THE CONTROLLED SUBSTANCES ACT, STATE OR FEDERAL, BEEN SURRENDERED, REVOKED, SUSPENDED, DENIED OR IS IT PENDING SUCH ACTION? | |
| *3. <input type="checkbox"/> YES <input type="checkbox"/> NO | DOES THE APPLICANT INTEND TO ROUTINELY DISPENSE CONTROLLED SUBSTANCES? | *PRACTITIONERS WHO ROUTINELY DISPENSE OR STORE CONTROLLED SUBSTANCES ARE REQUIRED TO COMPLY WITH SECURITY REQUIREMENTS OF THE STATE AND FEDERAL CONTROLLED SUBSTANCES ACTS. THE PREMISES OF THE APPLICANTS WILL BE INSPECTED TO DETERMINE COMPLIANCE WITH THESE REQUIREMENTS. |
| *4. <input type="checkbox"/> YES <input type="checkbox"/> NO | DOES THE APPLICANT INTEND TO STORE CONTROLLED SUBSTANCES FOR PATIENT ADMINISTRATION | |

SECTION D:

- | | |
|---|--|
| <input type="checkbox"/> I AM NOT ENGAGED IN THE MANUFACTURE OR DISTRIBUTION OF, OR RESEARCH WITH CONTROLLED DANGEROUS SUBSTANCES LISTED IN SCHEDULES I AND II. | <input type="checkbox"/> I PROPOSE TO MANUFACTURE, DISTRIBUTE OR CONDUCT RESEARCH IN THE INDIVIDUAL CONTROLLED DANGEROUS SUBSTANCES SCHEDULES I AND II WHICH ARE LISTED BELOW. |
|---|--|

(TYPE OR PRINT APPLICABLE SUBSTANCES)

Note: Researchers, manufacturers, distributors, and laboratories must complete Section "D".

The Delaware Controlled Substance Regulations and Statutes may be obtained by accessing the website-- <http://www.dhss.delaware.gov/dhss/dph/regs.html#C>. You can also contact the Office of Controlled Substances at the address on the front of this form.

SECTION E: BUSINESS INFORMATION

1. TYPE OF BUSINESS ☐ PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION OF _____
(GIVE STATE OF INC.)
- ☐ OTHER (SPECIFY _____)

2. FEDERAL DEA REGISTRATION NUMBERS OF MANUFACTURERS, DISTRIBUTORS, RESEARCHERS, OR LABORATORIES.

3. NAME AND ADDRESS OR PERSON HAVING ADMINISTRATIVE OR MANAGERIAL RESPONSIBILITY FOR REGISTERED LOCATION.

4. NAME AND ADDRESS OF REGISTERED AGENT (IF CORP.) OR NAME AND ADDRESS OF RESIDENT UPON WHOM ORDERS MAY BE SERVED.
(IF NON-RESIDENT PROPRIETOR OR PARTNER)

5. LIST NAME, TITLE AND RESIDENCE ADDRESS OF EACH PROPRIETOR, GENERAL PARTNER, CORPORATE OFFICER, (PRESIDENT, SECRETARY, CHIEF EXECUTIVE OFFICER) AND PRINCIPAL SHAREHOLDER(S) (OWNER OF 10% OR MORE OF OUTSTANDING COMMON STOCK).

ATTACH ADDITIONAL SHEETS IF NECESSARY.

NAME AND TITLE

RESIDENCE ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SECTION F: CERTIFICATION

I HEREBY CERTIFY THAT THE FACTS STATED IN THIS APPLICATION, INCLUDING THE STATEMENTS ON THE ATTACHED SCHEDULE, ARE TRUE, COMPLETE AND CORRECT AND THAT APPLICATION IS MADE TO OBTAIN A BIENNIAL REGISTRATION PURSUANT TO THE UNIFORM CONTROLLED SUBSTANCES ACT.

I AGREE TO ABIDE TO THE LAWS OF DELAWARE AND THE FEDERAL GOVERNMENT.

FEE
ENCLOSED \$

DATE

SIGNATURE

NAME AND TITLE OF APPLICANT OR OFFICER